PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/449 424 Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN	
FC	R	NUME	BER FILED	R FILED NUMBER		F	RATE	FEE		RATE	FEE
BASIC FEE			And the second	V.	.,	1	380.00	OR		760.00	
)= * 27	-	×	(\$ 9=		OR	X\$18=	486
INDEPENDENT CLAIMS minus 3 = *							(39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									OR	+260=	
* f	the difference	in column 1 i	s less than zer		OTAL		OR	TOTAL	1246		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THA SMALL ENTITY OR SMALL ENTITY			THAN
		CLAIMS		HIGHEST	(Coldinii o)			ADDI-,	1		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	P	RATE	TIONAL FEE		RATE	TIONAL FEE
NDM	Total	* 405		** 47	= 8	×	(\$ 9=		OR	X\$18=	144,00
AME	Independent	* 7	Minus	*** 3	= 4	×	(39=		OR	X78=	33600
	FIRST PRESE	NTATION OF	MULTIPLE DEPI	ENDENT CLAIM	<u>'</u>	+	130=		OR	+260=	PD
				ADD	TOTAL IT. FEE	1	OR	TOTAL ADDIT. FEE	48000		
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X	39=		OR	X78=	
	FIRST PRESE	INTATION OF	VIOLTIPLE DEPI	ENDENT CLAIM		+1	130=		OR	+260=	
							TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	<u>.</u>	(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X	39=			X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		
	If the entry in colu	mn 1 is less than	the entry in colum		30=	·	OR	+260=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Num	nber Previously I	Paid For" (Total or	Independent) is the	e highest number	found ir	the app	propriate box	in col	umn 1.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:			·		
		Total Fee	Calculation	1		
	Fee Code	Total # Claims	Number Extra X	Fee	Fce	- Total
, e	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101	110	_			· 760
Total Claims >20	203/103	-20 -2	27 x			- 484
Independent Claims >3	202/102	<u>J</u> .1•	x			· · ·
Mult. Dep Claim Present	204/104				 -	3
Surcharge	205/105					<u> 130</u>
English Translation	139 .					
TOTAL FEE CALCULA	ATION	·				1374
Fees due upon filing t	he application:		·			
Total Filing Fees Due	= \$	1376			•	
Less Filing Fees Subm	nitted - \$	7				•
BALANCE DUE	= \$	1376			· • • • • • • • • • • • • • • • • • • •	
5mc						
Office of Initial Patent	Examination					

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)